

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* _____ St. _____

Place of Birth (Registration District)	Miami Ave			County	Pima	No.		St.	
SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth						
DATE OF BIRTH*	Feb	5	1923						
FULL* NAME	FATHER	Florencio Zapier							
FULL* MAIDEN NAME	MOTHER	Mercedes Sanchez							

I HEREBY CERTIFY that the child described herein has
been named

ZAPIEN, RUBEN
(Give name in full) (Surname)

X Mrs Mercedes Sanchez
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

995-205-429